

Southern Maryland Tri-County Community Action Committee, Inc.

Application for Volunteer Work

Last Name		First Name			Middle Name			
Address								
City		State			Zip Code			
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Home Telephone:		Cellular Telephone:						
Date of Birth:	Sex:	Female	Male	E-Mail:				
Highest Level of Education Completed:								
				_				
Have you ever been convicted as an Adult for a Criminal Violation? Yes No – If so, Explain								
Have you volunteered with SMTCCAC, Inc. in the past? Yes No - If yes, what capacity?								
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Are you related by birth or marriage to an SMTCCAC, Inc. employee? Yes No								
Name		Relationship			Position			
Where would your skills best be utilized? Check all that apply								
Administration		Adult Da	y Care		CDL			
Energy Assistance Program			•		Food Assistance Program			
Head Start Human Resources Department		Housing Other			Senior Companion			

Describe skills, abilities, foreign languages, etc. which will assist in evaluating your skills for the service for which you are applying for:									
Days & Times Available: Check all that apply									
Days & Tillies F	Available: Check	all that apply							
Sun		Mon	Tue	Wed					
Thurs		Fri	Sat						
Morning	Afternoon	Evening	Weekends						
Emergency Cor	ntact Information	:							
Name:		Phone:		Relationship:					
I hereby affirm that this Application for Volunteer Work contains no willful misrepresentations and that the information given by me is true and complete to the best of my knowledge and belief. By signing this application, you agree to fulfill the duties assigned to you.									
Volunteer Print	Name		Volunteer Signature	Date					